

Department of Mental Health

HOPE

OPPORTUNITY

COMMUNITY INCLUSION



Fiscal Year 2012



The Department of Mental health logo features four triangles connected to form one triangle. The middle triangle represents the almost 180,000 Missourians served each year by the department. These individuals receive services from the Division of Alcohol and Drug Abuse, which is represented by the Red triangle; the Division of Comprehensive Psychiatric Services, Blue triangle; and the Division of Developmental Disabilities, Yellow triangle. The Department of Mental Health is dedicated to providing Missourians affected by mental illness, substance abuse and addictions, compulsive gambling, and developmental disabilities the services they need to live successfully and pursue their dreams.

July 2011



Mission

**Prevention, Treatment, and
Promotion of Public Understanding**
for Missourians with mental illnesses,
developmental disabilities, and addictions.

Vision

Hope ▼ Opportunity ▼ Community Inclusion

*Missourians receiving mental health services will have the
opportunity to pursue their dreams and live their lives as
valued members of their communities.*

Values



Missourians who participate in mental health services are welcomed and equally included in education, work, housing, and social opportunities in their communities.



Missourians with mental health needs easily access safe, affordable, and integrated medical and behavioral services.



Missourians participating in mental health services are active partners in designing their services and supports.



The effectiveness of Missouri's mental health services is measured by meaningful outcomes experienced by the people receiving them.



Missourians receive mental health services from competent, motivated, and highly valued staff serving as effective stewards of the public trust.



Emphasizing prevention and early intervention strategies avoids or minimizes the mental health problems of Missourians.



Missourians participating in mental health services are valued for their uniqueness and diversity and respected without regard to age, ethnicity, gender, race, religion, sexual orientation, or socio-economic condition.

Missouri Department of Mental Health



Mental Health Commission

David L. Vlach, M.D.
Kansas City

Kathy A. Carter
Four Seasons

Joann Leykam
St. Charles

Stephen Roling
Kansas City

Dennis H. Tesreau
Herculaneum

Neva Thurston
Jefferson City

Administrative Staff

Keith Schafer, Ed.D.
Director
573-751-3070

Jan Heckemeyer
Deputy Director
573-751-4970

Joe Parks, M.D.
Chief Clinical Officer
573-751-3035

Mark Stringer
Acting Director, Division of Comprehensive Psychiatric Services
Director, Division of Alcohol and Drug Abuse
573-751-9499

Bernard Simons
Director, Division of Developmental Disabilities
573-751-8676

For more information, contact
Office of Public Affairs
573-751-4423
1-800-364-9687
www.dmh.mo.gov

Table of Contents

- ▶ Organization Overview6
- ▶ If this year in Missouri is like last year:7
- ▶ Office of Transformation8
- ▶ Division of Alcohol and Drug Abuse (ADA)9
- ▶ Division of Comprehensive Psychiatric Services (CPS)13
- ▶ Division of Developmental Disabilities (DD)18

Organization Overview

MENTAL HEALTH COMMISSION

Though its functions date back to 1847, the Missouri Department of Mental Health was first established as a cabinet-level state agency by the Omnibus State Government Reorganization Act, effective July 1, 1974.

State law provides three principal missions for the department: (1) the prevention of mental disorders, developmental disabilities, substance abuse, and compulsive gambling; (2) the treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) the improvement of public understanding and attitudes about mental disorders, developmental disabilities, substance abuse, and compulsive gambling.

The Mental Health Commission, composed of seven members, appoints the director of the Department of Mental Health with the confirmation of the state Senate. The commissioners are appointed to four-year terms by the governor, again with the confirmation of the state Senate. The commissioners serve as the principal policy advisers to the department director.

The commission, by law, must include individuals who represent Missourians with mental illness, developmental disabilities, and alcohol and drug abuse problems and who have expertise in general business matters. Current commissioners are listed on page three.

The Department of Mental Health is organizationally comprised of three program divisions that serve approximately 170,000 Missourians annually. They are:

<u>DIVISION</u>	<u>STAFF</u> (Full Time Equivalent FTE)	<u>FY 11 BUDGET</u> (All Sources)
Alcohol and Drug Abuse (ADA)	96.88	\$117,531,464
Comprehensive Psychiatric Services (CPS)	4,020.97	\$430,849,974
Developmental Disabilities (DD)	3,596.00	\$625,292,786

Several support units assist the department and division directors in implementing DMH's programs and services. They include:

1. Audit, Licensure, Records Management, Investigations, Quality Improvement, Deaf Services, Office of Consumer Safety
2. Comprehensive Children's Mental Health
3. Administration (Budget, Finance, and General Services)
4. Disaster Readiness
5. Information Systems
6. Legislative and Public Affairs
7. Mo Health Net/Housing
8. Human Resources
9. General Counsel (Regulations, Hearings and Appeals)
10. Office of Transformation

DMH makes services available through state-operated facilities and contracts with private organizations and individuals. The state-operated facilities include seven adult psychiatric hospitals and two children's psychiatric facilities. In addition, six habilitation centers and 11 regional offices serve individuals with developmental disabilities. The department also purchases services from a variety of privately operated programs statewide through approximately 2,700 contracts managed annually by DMH. The Division of Alcohol and Drug Abuse purchases services from a network of community providers, with one exception: the opioid program at the Paseo Comprehensive Rehabilitation Center, which is a state-operated facility in Kansas City.

If this year in Missouri is like last year:

- ▼ Among the 5,987,580 Missourians, it is estimated that 1.7 million will have some psychiatric need during their lifetime and 415,000 will have serious need for psychiatric services. Of these, it is estimated that 25-30% falls within our target population. Conservative prevalence estimates (Center for Mental Health Services, CMS 1997) indicate 5.4 percent, or 246,000 adults have a severe and chronic mental illness.
- ▼ DMH serves 28,003 children. It is estimated that 386,154 are eligible for services in at least one of the divisions. Therefore DMH serves approximately 7% of eligible children. The 2009 U.S. Census estimated the population of youth under age 18 in Missouri totaled 1,431,338. Conservative estimates from 1997 indicate 7% of all Missouri children, or 100,000 could experience serious emotional disturbance. However, in FY 2009, 21,434 children or 22% were served by CPS leaving 78,393 un-served.
The National Survey on Drug Use and Health, Substance Abuse & Mental Health Services Administration, 2008, estimates that 43,000 Missourians between the ages of 12 and 17 need substance abuse treatment. Of those 43,000, ADA serves approximately 3,300 adolescents or 8% leaving 39,700 un-served.
The Center for Disease Control (CDC) reported that developmental disabilities affect approximately 17% of children younger than 18. Given that prevalence monitoring, 243,327 children and youth in Missouri are likely affected by developmental disabilities. The current number of children and youth being served by the DDD is 12,269 or 6% of the estimated number of children affected, leaving 231,058 un-served.
- ▼ The number of homeless persons in Missouri in 2001 was approximately 87,250. Of that number, 28% have a severe mental illness, 34% are addicted to drugs and alcohol, while 10% have a serious mental illness and a drug or alcohol addiction. The remaining 28% are those with a developmental disability, and/or a physical disability.
- ▼ In 2009, nearly 850 Missourians died by suicide. Forty-one were under the age of 20, while 245 were over the age of 55.
- ▼ Approximately 13,300 newborns will be exposed to nicotine during their fetal development. An estimated 8,600 newborns will be exposed to alcohol and over 700 will suffer serious disorders, with possible life-long consequences as a result. Over 4,000 newborns also will be exposed to cocaine, heroin, marijuana, or other illicit drugs during their fetal development.
- ▼ Approximately 464,000 of Missouri's adults will need alcohol or other drug abuse treatment because their substance abuse seriously affects their family, work, community responsibilities, and eventually their health.
- ▼ For Missouri's children under the age of 18, approximately 180,000 live with an adult who uses illicit drugs, 340,000 live with an adult who is a binge drinker or heavy drinker, and 532,000 live with an adult who uses tobacco.
- ▼ Methamphetamine abuse is a serious drug problem in Missouri. Methamphetamine primary treatment admissions in ADA programs totalled about 3,600 in FY 2009 - ranking fourth behind alcohol, marijuana and cocaine.
- ▼ Alcohol, tobacco, and other drug abuse in Missouri will cost \$12 billion in lost work, health care, and other expenditures related to injury and illness and death.
- ▼ Between one and two percent of Missouri's 75,000 new babies will be born with a developmental disability, adding to the approximately 100,000 citizens currently living with developmental disabilities in Missouri.
- ▼ With the legalization of riverboat gambling, calls to the gamblers hotline amount to about 160 per month.

The Department of Mental Health will serve approximately 170,000 of the previously mentioned Missourians and their families. They will come to us either because they have very limited incomes and must rely on the state for services or because the services they need cannot be found elsewhere.

The potential for these citizens to receive good services to prevent or reduce the effects of their mental health problems is greater now in Missouri than ever before. Medical and rehabilitation technology have greatly increased the array of treatment options.

For example, persons with the most disabling effects of schizophrenia may now be treated with newer generations of anti-psychotic medications, which allow those persons to function much more normally than ever before. People with alcohol, drug abuse, and compulsive gambling problems may now receive intensive outpatient services in their communities instead of waiting for one of a limited number of residential treatment slots, and many young mothers can now keep their children with them during the treatment process. A young child born with a developmental disability would once have been institutionalized. That child may now receive medication and diet supplements which will dramatically reduce the disability and allow the child to live at home and attend school.

Individuals and their families today are actively advocating for needed services and are influencing the service delivery system. In addition, counties and communities are playing a much stronger role in designing, funding, and even delivering services in partnership with the state and federal governments.

Office of Transformation

In October 2006, Missouri became one of nine states to receive a five-year grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to develop and implement a comprehensive plan to transform its mental health system. In accordance with grant provisions, the Governor established the 24-member Transformation Working Group (TWG), comprised of consumer and family leaders and public leaders from the executive and judicial branches. Missouri is the only awardee to have psychiatric services, alcohol and drug abuse, and developmental disabilities services as partners in its transformation efforts.

Department of Mental Health (DMH) and contracted staff lead the planning process in partnership with other state agencies and stakeholders representing the seven state agencies involved in providing mental health services.

The Comprehensive Plan for Mental Health: Creating Communities of Hope, submitted to SAMHSA in March 2008 and approved in June 2008, aims to move Missouri's mental health system beyond a crisis oriented, high-end treatment and custody model toward a broader public health approach that places increasing emphasis on prevention, early intervention and disease management. Transformation also broadens the discussion to address statewide mental health issues across state agency systems, age groups, cultures, and geographic regions.

Adequate housing and meaningful employment have emerged as essential elements leading to and sustaining recovery from mental illnesses and addictions and achieving general wellness among consumers of mental health services. Therefore, during the fifth and final year of Missouri's transformation initiative (October 1, 2010-September 30, 2011), these issues will receive special focus. In addition to specifically addressing issues related to housing and employment of consumers, Transformation will continue to promote activities that combat the major barriers to these basic needs, including misinformation and misrepresentation of mental health issues that cause fear and stigma among the general public.

Division of Alcohol and Drug Abuse (ADA)

OVERVIEW Alcohol, drug abuse, tobacco, and compulsive gambling affect more than two million Missourians.

The division plans and funds prevention, treatment and rehabilitation programs for alcohol and other drug abuse—a problem that costs the state’s economy an estimated \$7.7 billion a year in lost productivity, health-care expenditures, property damage, and crime. During the last year, ADA-funded programs provided treatment or intervention to approximately 73,600 people.

The State Advisory Council for ADA makes recommendations regarding the types of services needed throughout Missouri. Council members are chosen from consumers of services, substance abuse treatment professionals, and others with an interest in substance abuse treatment and prevention.

The current year operating budget (FY 2011) for the Division of Alcohol and Drug Abuse is \$117,531,464.

PREVENTION The current year appropriation (FY 2011) for prevention and education is \$12,175,231.

The mission of the Prevention Unit is to reduce the incidence of adverse outcomes resulting from the use and abuse of alcohol, tobacco and other drugs. Prevention focuses on impacting factors that put individuals, especially children and youth, at risk for engaging in substance use. Included are individual and peer factors, school and family factors and community and environment factors. Attainment of this mission is operationalized through the five major components of the Division’s prevention system: Community Coalitions, Missouri Spirit, Direct Prevention Services, regional support centers and a statewide training and resource center. These components combine to create a continuum of prevention services available to all populations and all regions of the state.

Community Coalitions

Community Coalitions are a network of volunteer, community teams who focus solely on alcohol, tobacco and other drugs (ATOD) issues as a part of a broad mission and/or array of services. Organization and development of community coalitions was initiated in 1987. Each team is composed of community volunteers from the area served. Teams receive technical assistance and training from the Regional Support Centers on a variety of topics related to organization development and implementation of prevention strategies.

Regional Support Centers

Regional Support Centers (RSC) are the primary source of technical assistance support for community coalitions. The goal of the RSC is to facilitate development of teams capable of making changes in substance use patterns in their community. Each RSC has a prevention specialist who works directly with the teams in his or her area and assists with the development of teams and task forces in communities that desire to develop one.

Direct Prevention Services

Direct programs/services are prevention education and early intervention activities provided to designated children, youth and families. These services involve structured programming and/or a curriculum, have multiple sessions, include pre- and post-testing, and address identified risk and protective factors. Direct programs/services may also involve a variety of activities, including informational sessions and training and/or technical assistance activities with groups.

The Statewide Training and Resource Center (STRC)

The Statewide Training and Resource Center (STRC) conducts a variety of activities and programs on behalf of the Division and the overall state prevention system. The STRC provides resources, training and technical assistance for the RSC and direct prevention providers. The STRC presents a number of statewide workshops throughout the year and also holds a statewide prevention conference. The STRC also operates a consultant resource bank with resources available to the prevention community, administers a mini-grant program for community coalitions and serves as a statewide resource center.

School-based Prevention Intervention and Resource Initiative (SPIRIT)

In 2002, the Missouri Department of Mental Health (DMH), Division of Alcohol and Drug Abuse (ADA) launched the School-based Prevention Intervention and Resources Initiative (SPIRIT). This project proposes to delay the onset and decrease the use of substances, improve overall school performance, and reduce incidents of violence. To achieve these goals, prevention agencies are paired with participating school districts to provide technical assistance in implementing evidence-based substance abuse prevention programming and referral and assessment services as needed. The five school districts participating in the SPIRIT project are: Carthage R-IX, Hickman Mills C-I, Ritenour, Knox Co. R-I and New Madrid Co. R-I school districts. The project offers a variety of evidence-based prevention programs selected by the districts.

**TREATMENT
& SERVICES**

The Division of Alcohol and Drug Abuse provides services through a network of contractors who operate treatment facilities. The Division monitors these providers and their treatment staff, who must meet state certification standards.

A wide variety of Division-funded and supported clinical treatment and recovery support services are strategically located throughout the state. Clinical treatment and recovery support services are designed to provide a continuum of services to assist individuals with substance use disorders in achieving and maintaining recovery.

Clinical Treatment Services - Primary Recovery Plus

The Division has a comprehensive package of individualized services and therapeutic structured activities designed to achieve and promote recovery from substance abuse. These services have three basic levels of intensity and routinely include assessment, individual and group counseling, family counseling, participation in self-help groups, and other supportive measures. Detoxification and residential support services are offered for those who need a safe, drug-free environment during the treatment process.

CSTAR - The Comprehensive Substance Treatment and Rehabilitation Program (CSTAR) is a unique approach to substance abuse and addiction treatment. It offers a flexible combination of clinical services, living arrangements, and support services that are individually tailored for each client. The CSTAR model was developed by Missouri's Division of Alcohol and Drug Abuse and is funded by Missouri's Medicaid program and the Division's purchase-of-service system. In the past, inpatient or residential treatment temporarily removed a person from the problem environment with little or no follow-up care. CSTAR focuses on providing a complete continuum of recovery services, including extended outpatient services in the community and, where possible, close to home.

CSTAR Women's Treatment Programs - Substance abuse affects women differently than men, both physically and psychologically. Single women, pregnant women, and women with children may enter specialized women's CSTAR treatment programs. These programs provide a complete continuum of treatment services and housing supports tailored to the unique needs of women and children.

CSTAR Alt-Care Program is a specifically designed CSTAR program for female offenders.

CSTAR Adolescent Treatment Programs - Early intervention, comprehensive treatment, academic education, and aftercare are important in averting chronic abuse and accompanying problems that might otherwise follow a young person for a lifetime. The specially trained staffs of adolescent CSTAR programs utilize individual, group, and family interventions.

CSTAR Opioid Treatment Program - The CSTAR Opioid (methadone) Treatment Program is designed for medically supervised withdrawal from heroin and other opiate drugs followed by ongoing treatment and rehabilitation for addiction and related life problems. Missouri's program meets federal guidelines for such programs.

Compulsive Gambling - The division provides outpatient treatment services to compulsive gamblers and their families throughout Missouri. Funding comes from casino admission fees. The division also certifies compulsive gambling counselors.

Substance Abuse Traffic Offenders Program (SATOP) - Drinking and driving behaviors have a serious impact on the citizens of Missouri. Each year, thousands of people are injured or killed in alcohol-related crashes, resulting in serious financial impacts on our communities.

The Department of Mental Health's Division of Alcohol and Drug Abuse certifies programs to provide services to individuals who have had an alcohol- or drug-related traffic offense. The Substance Abuse Traffic Offenders Program (SATOP) serves more than 28,000 DWI offenders annually who are referred as a result of an administrative suspension or revocation of their driver's licenses, a court order, a condition of probation, or a plea bargain. When a person's driver's license is suspended or revoked due to an alcohol-related offense, SATOP is, by law, a required element in driver's license reinstatement by the Department of Revenue.

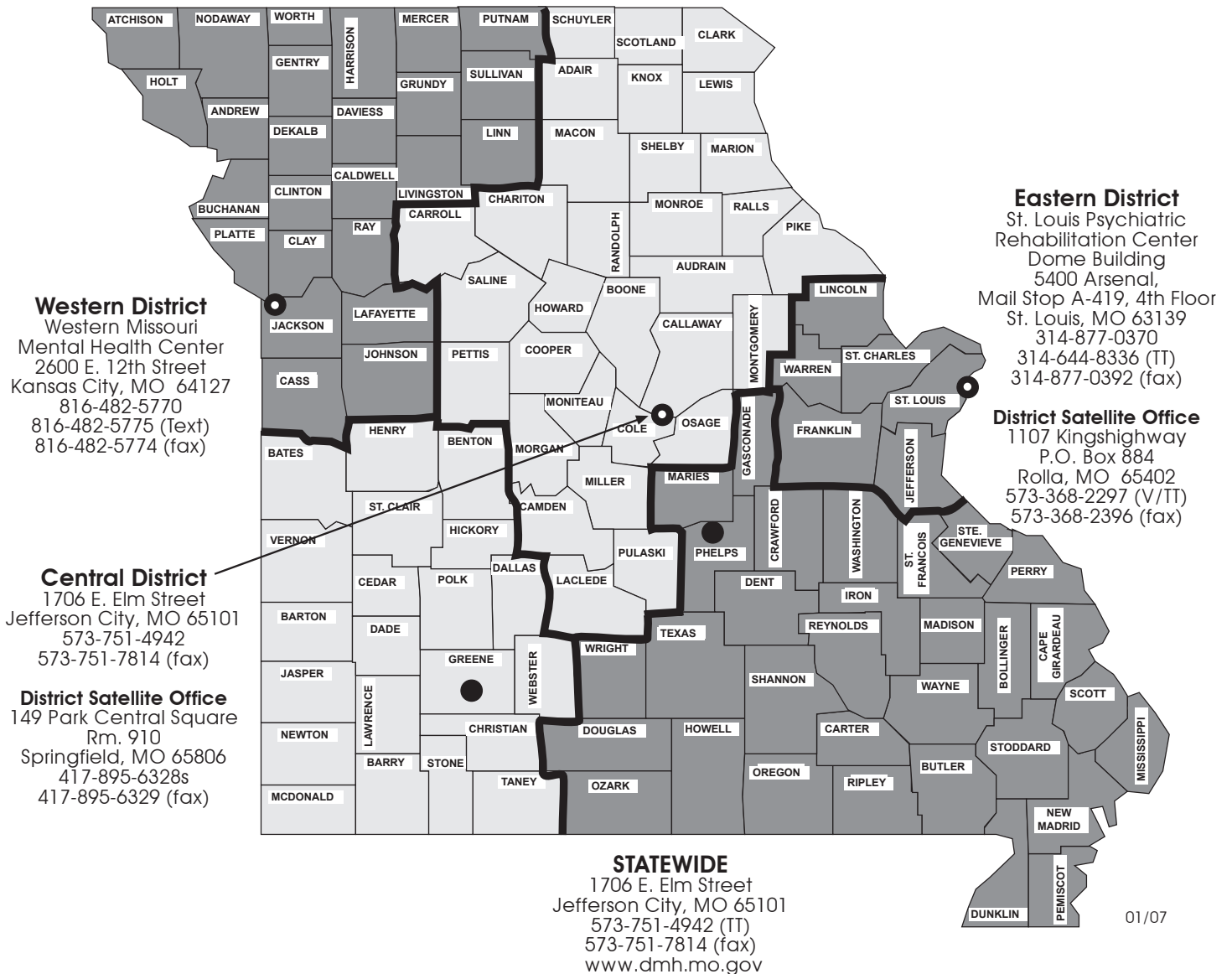
All SATOP offenders enter the system via an Offender Management Unit. Offenders receive a screening assessment where a review of their driving record, breath alcohol content at the time of their arrest, computer-interpreted assessment, and an interview with a qualified substance abuse professional is conducted. Based upon the information gathered during the screening, an appropriate referral is made to one of several types of SATOP programs.

Recovery Support Services - Recovery support services, funded by the Access to Recovery grant, supplement Primary Recovery Plus access to an array of treatment and support options. These services are provided by faith- and community-based organizations and are designed to enhance participation in treatment, promote community integration, and foster recovery from substance abuse disorders.

Program Eligibility - All Missourians are eligible to receive prevention and treatment services provided by the Division of Alcohol and Drug Abuse. A Standards Means Test is used to determine if consumers have the ability to pay a portion of their treatment services.

Additional information on substance abuse treatment and recovery is available from the Division of Alcohol and Drug Abuse district office serving your area.

Division of Alcohol and Drug Abuse Administrative Districts



Division of Comprehensive Psychiatric Services (CPS)

OVERVIEW

The Division of Comprehensive Psychiatric Services (CPS) is responsible for assuring the availability of prevention, evaluation, treatment, and rehabilitation services for individuals and families requiring public mental health services. The Division exercises this responsibility by providing services directly through its state-operated facilities and programs and contracting through 25 administrative agents to provide an array of community programs. Additionally the division contracts with private entities for 24-hour residential services for individuals needing that level of care. It is the Department's goal to give priority to people with serious mental illness (SMI). The target populations shall include: Forensic clients pursuant to Chapter 552 RSMo, Adults, children and youth with SMI being discharged from CPS operated inpatient facilities, being transitioned from CPS-operated or contracted residential settings, being transitioned from CPS alternatives to inpatient hospitalization; adults and children and youth at risk of homelessness; children and youth referred through the Custody Diversion Protocol; and Individuals with a clinical or personality disorder, other than a principal diagnosis of substance abuse or mental retardation, who also qualify as an adult with severe disabling SMI or children and youth with serious emotional disturbance (SED), as defined by the Department. For children and youth, eligibility includes an SED qualifying diagnosis and a CAFAS score of 100 or higher, or implementation of the exceptions process per contractor policy.

CPS provides an array of services, including evaluation, day treatment, outpatient care, psychiatric rehabilitation, housing, crisis services, and hospitalization as well as evaluation and treatment of persons committed by court order. Eligibility for these services is determined through regional administrative agents designated by the Division.

To determine if a client has the ability to pay a portion of his/her cost of care, the Standard Means Test (SMT) is used. Many resources must be utilized to help recover costs. Primary among those resources are third-party payments. If these payments are insufficient, a client or his family is asked to contribute a portion of the costs based on the family's ability to pay. Those charges are determined using a table that considers family size and income. Other assets are collected when the client is without spouse or dependents and determined to need full-time, long-term (inpatient or placement) care.

The current year (FY 2011 operating) budget for the division is \$430,849,974.

CPS STATE FACILITIES

The Division of Comprehensive Psychiatric Services directly operates seven adult psychiatric hospitals, as well as a small number of community residential beds and apartments. In addition, the Division operates one children's psychiatric hospital and one children's residential treatment center.

Adult Inpatient Facilities - The seven adult hospitals provide intermediate stay and long term stay hospital level treatment on a regional basis and are located in St. Louis, St. Joseph, Fulton, El Dorado Springs, Kansas City and Farmington. The Division also operated five psychiatric group homes in Kansas City, three of which serve individuals who are dually diagnosed and DD Waiver eligible, and a supported apartment program. The adult facilities combined appropriated budget for FY 2010 was \$164,186,111.

Services include ongoing assessment and treatment of individuals with serious mental illness whose recovery can be prolonged due to complications of treatment resistant illness, drug and/or alcohol dependence, developmental disabilities, brain trauma and legal issues. In addition to traditional psychiatric and medication services, treatment programs include cognitive behavioral therapy, social learning therapy, dialect behavioral therapy, treatments specific to those with co-occurring mental illness and development disability, competency restoration and treatment specific to sexual predation.

Children Inpatient Facilities - Services for children and youth up to the age of 18 years with serious emotional disturbances are provided in two Division operated facilities. Hawthorn Children's Psychiatric Hospital in St. Louis provides both acute hospitalization and residential treatment services. Cottonwood Residential Treatment Center in Cape Girardeau provides residential treatment services. These facilities had a combined appropriated budget of \$11,696,788 (FY 2011).

**FORENSIC
SUPPORT
SERVICES**

Under Chapter 552 RSMo the Department of Mental Health is statutorily mandated to provide monitoring to forensic clients acquitted as not guilty by reason of mental disease or defect who are given conditional releases to the community by circuit courts. Monitoring is provided by forensic case monitors under the auspices of the Director of Forensic Services. There are 11 forensic case monitors located across the state: three in St. Louis, two in Kansas City, one in St. Joseph, two in Fulton, one in Nevada and two in Farmington. Forensic case monitors must see each forensic client at least monthly to monitor compliance with conditions of release and to ensure public safety.

The Department, upon order of the circuit court, provides pretrial evaluations pursuant to Chapter 552 RSMo. The Department requires that evaluations be completed by certified forensic examiners who must hold doctorate degrees in medicine, osteopathy, or psychology and must complete required supervision and training. Pretrial evaluations must be completed within the 60-day statutory timeline.

The current budget (FY 2011) for forensic support services is \$756,972 for monitoring of those committed to the department but are on conditional release from an inpatient treatment setting. In FY 2009, 456 forensic clients were monitored in the community.

**CHILDREN'S
PROGRAMS**

CPS continues to be a lead partner in the creation and operation of a Comprehensive Children's Mental Health System as outlined in SB1003 passed in 2004. Services and policies are based on the guiding philosophy of being family -driven, child-centered, culturally competent and community-based. The work done to prevent families from having to relinquish custody to the state solely to access mental health services continues with over a 90% success rate of diversion and half of those youth being maintained in their home community.

Partnerships continue to grow with child welfare, juvenile justice, health and educational providers to insure that services are coordinated, if not integrated, to increase the likelihood of improved functioning and successful outcomes for children and families. The division has been able to partner with MO Health-Net to leverage federal funds to expand the array of services available to children and families. There are growing efforts to insure quality service provision that leads to positive outcomes. This is achieved through a combination of enhanced monitoring, training on evidence based practices, and utilization of standardized, functional outcome measures.

The division continues to work on a fully integrated, community-based system. Through the purchase-of-service mechanism, contracted arrangements are made with local community mental health centers and providers to make available screening, evaluation, medication services, cases management and crisis services.

The following paragraphs describe some of the services available in communities and funded through the youth community programs appropriation.

Community Psychiatric Rehabilitation (CPR) program provides an array of key services to children with serious emotional disturbances. This is a family driven, child-centered approach that emphasizes individual choices and need, flexible services and supports, the use of existing community resources and natural support systems and promoting independence and the pursuit of meaningful living, working, learning and leisure time activities in normal community settings. The division has worked diligently to expand the array of services available and to work towards leveraging federal funds streams. The array of service includes assessment , crisis intervention, community support, family support, family assistance, day treatment and psycho-social rehabilitation.

Additionally, some children/youth may require a temporary placement out of the home to achieve psychiatric stability. Two types of placements are available to children:

Treatment Family Homes - This service provides individualized treatment within a community-based family environment with specially trained parents. It allows out-of-home services for those needing them, but also allows children to remain in their own communities and often in their home school districts.

Residential Treatment - These services consist of highly structured care and treatment to youth, generally on a time-limited basis, until they can be stabilized and receive care in a less-restrictive environment or at home.

ADULT COMMUNITY PROGRAMS

Community Psychiatric Rehabilitation (CPR) program is a consumer-centered approach that emphasizes individual choices and needs; features flexible services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning, and leisure-time activities in normal community settings. The program provides an array of key services to persons with severe, disabling mental illnesses. Services include evaluations, crisis intervention, community support, medication management, and psychosocial rehabilitation. Because CPRP is a Medicaid program, the federal government pays approximately 60 percent of the costs for eligible clients. The Division of Comprehensive Psychiatric Services spent approximately \$36.2 million from general revenue for the 40-percent state match in FY 2010.

Targeted Case Management includes the following services: arrangement, coordination, assessment of the individuals need for psychiatric treatment and rehabilitation, as well as other medical, social and educational services and supports; coordination and monitoring of services and support activities; and, documentation of all aspects of case management services including case openings, assessments, plans, referrals, progress notes, contacts, rights and grievance procedures, discharge planning, and case closure. Because TCM is a Medicaid program, the federal government pays approximately 60 percent of the costs for eligible clients. The Division of Comprehensive Psychiatric Services spent approximately \$1.2 million from general revenue for the 40-percent state match in FY 2010.

Community Support Services consist of contractual arrangements made to purchase services from a menu of basic community mental health services from local mental health professional and community mental health centers as defined in sections 630.405 - 630.460 RSMo. 1996.

Residential Services provide a variety of housing alternatives to meet the diverse needs of individuals. The Department of Mental Health assists Missourians challenged by mental illnesses, substance abuse/addictions and developmental disabilities in obtaining and maintaining safe, decent and affordable housing options that best meet their individual and family needs. Housing is a key to helping Missourians with disabilities and their families attain self-determination and independent living. The vision of the Department is that all Missourians challenged by mental illnesses, substance abuse/addictions and developmental disabilities have housing options that are affordable and accessible, integrated into communities, and provide real choice.

Examples of some of the residential services included are as follows:

Shelter Plus Care is a program designed to link rental assistance to supportive services on a long-term basis for homeless persons with disabilities, (primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and acquired immunodeficiency syndrome (AIDS) or related diseases, and their families who are living in places not intended for human habitation (e.g., streets) or in emergency shelters. The program allows for a variety of housing choices, and a range of supportive services funded by DMH, in response to the needs of the hard-to-reach homeless population with disabilities. Currently, Missouri has 35 Shelter Plus Care grants.

Homeless Veterans and those who help them received a significant boost in their efforts when the U.S. Department of Veterans Affairs (VA) made 55 new awards to public and private nonprofit organizations that assist homeless veterans. Among the new grantees is the Missouri Department of Mental Health, which has partnered with St. Patrick's Center and Queen of Peace Center in St. Louis to provide transitional housing with an extensive list of support services to 50 veterans at two locations in the city.

DIVISION OF CPS ADMINISTRATIVE AGENTS

Area 1

Family Guidance Center, 510 Francis St., #200, St. Joseph, MO 64501-1706; 816-364-1501
Affiliated Center: **Community Recreation and Resocialization, Inc.**, 525 S. 10th Street, St. Joseph, MO 64501; 816-233-0430
Counties served: Atchison, Nodaway, Holt, Andrew, Buchanan, Clinton, DeKalb, Gentry, Worth

Areas 2-5

2. Truman Medical Center Behavioral Health, 2211 Charlotte, Kansas City, MO 64111; 816-404-5700

3. Swope Parkway Health Center, 3801 Blue Parkway, Kansas City, MO 64130; 816-922-7645; 800-735-2966 (TT)

4. ReDiscover, 901 NE Independence Avenue, Lee's Summit, MO 64086; 816-246-8000

5. Comprehensive Mental Health Services, 10901 Winner Road, P.O. Box 520169 Independence, MO 64052; 816-254-3652 800-735-2966 (TT) County served: Jackson

Area 6

Tri-County Mental Health Services, 3100 NE 83rd St., Kansas City, MO 64119; 816-468-0400; 800-955-8339 (TT) Counties served: Platte, Clay, Ray

Area 7

Pathways Community Behavioral Healthcare, Inc., 520C Burkard Road, Warrensburg, MO 64093; 660-885-8131
Counties served: Lafayette, Johnson, Cass

Area 8A

Clark Community Mental Health Ctr., 307Fourth St., P.O. Box 285 Monett, MO 65708; 417-235-4120 Counties served: Barry, Lawrence, Dade

Area 8B

Pathways Community Behavioral Healthcare, Inc., 1800 Community Drive, Clinton, MO 64735; 660-885-8131 Counties served: Bates, Vernon, Henry, St. Clair, Cedar, Benton, Hickory

Area 9

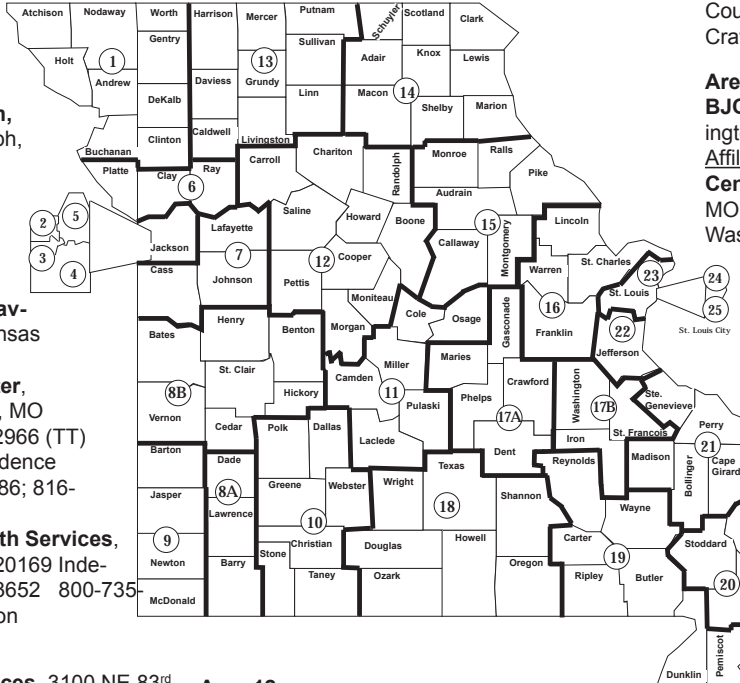
Ozark Center, 3006 McClelland, P.O. Box 2526, Joplin, MO 64803; 417-781-2410 800-735-2966 (TT) Counties served: Barton, Jasper, Newton, McDonald

Area 10

Burrell Behavioral Health, 1300 Bradford Parkway, Springfield, MO 65804; 417-269-5400 417-269-7209 (TT) Counties served: Greene, Christian, Stone, Taney, Webster, Dallas, Polk

Area 11

Pathways Community Behavioral Health Care, Inc. 1905 Stadium Blvd. P.O. Box 104146, Jefferson City, MO 65110-4146; 573-634-3000
Affiliated Center: **New Horizons Community Support Services**, 2013 William St., Jefferson City, MO 65109 573-636-8108
Counties served: Cole, Osage, Miller, Camden, Laclede, Pulaski



510, Farmington, MO 63640, 573-756-2899.
Counties served: Gasconade, Maries, Phelps, Crawford, Dent

Area 17B

BJC Behavioral Health, 1085 Maple St., Farmington, MO 63640; 573-756-5353
Affiliated Center: **SEMO Community Treatment Center**, 528 E. Main St., P.O.Box 506, Park Hills, MO 63601, 573-756-5749. Counties served: Washington, St. Francois, Iron

Area 18

Ozark Medical Center, 909 Kentucky, West Plains, MO 65775; 417-257-6762 417-257-5868 (TT)
Counties served: Wright, Texas, Shannon, Douglas, Ozark, Howell, Oregon

Area 19

Family Counseling Center, 925 Highway VV, P.O. Box 71, Kennett, MO 63857; 573-888-5925
Counties served: Dunklin, Pemiscot, Reynolds, Carter, Ripley, Wayne, Butler

Area 20

Boothel Counseling Services, 760 Plantation Blvd., P.O. Box 1043, Sikeston, MO 63801; 573-471-0800
Counties served: Stoddard, Scott, Mississippi, New Madrid

Area 21

Community Counseling Center, 402 South Silver Springs Road, Cape Girardeau, MO 63703; 573-334-1100
Counties served: Ste. Genevieve, Cape Girardeau, Perry, Bollinger, Madison

Area 22

Comtrex Community Treatment, Inc., 227 Main St., Festus, MO 63028; 636-931-2700
County served: Jefferson

Areas 23-25

23. BJC Behavioral Health Services, 1430 Olive, Suite 500 St. Louis, MO 63103; 314-206-3700, 314-206-3837 (TT)
BJC Behavioral Health (North Site) 3165 McKelvey Rd. Suite 200. Bridgeton, MO 63044-2550; 314-206-3900
BJC Behavioral Health (South Site) 343 S. Kirkwood Rd., Suite 200, Kirkwood, MO 63122-6915; 314-206-3400

24. Hopewell Center, Amanda L. Murphy, 1504 S. Grand, St. Louis, MO 63104; 314-531-1770

25. BJC Behavioral Health Services, 1430 Olive, Suite 500 St. Louis, MO 63103; 314-206-3700, 314-206-3837 (TT)
Affiliated Centers: **Places for People, Inc.**, 4120 Lindell Blvd., St. Louis, MO 63108; 314-535-5600
Independence Center, 4380 W. Pine Blvd, St. Louis, MO 63108; 314-533-4380
ADAPT Institute of MO, 2301 Hampton, St. Louis, MO 63139; 314-644-3111
Counties served: St. Louis City, St. Louis Cnty

Area 12

Burrell Behavioral Health Services Central, 601 Business Loop 70 W., Suite 202 Columbia, MO 65201; 573-777-7550, 573-884-1012 (TT)
Affiliated Center: **New Horizons Community Support Services**, 1408 Hathman Place, Columbia, MO 65201 573-443-0405 Counties served: Carroll, Chariton, Randolph, Howard, Pettis, Cooper, Boone, Moniteau, Morgan, Saline

Area 13

North Central Missouri Mental Health Center, 1601 East 28th, Box 30, Trenton, MO 64683; 660-359-4487 Counties served: Harrison, Mercer, Putnam, Daviess, Grundy, Sullivan, Caldwell, Livingston, Linn

Area 14

Mark Twain Area Counseling Center, 105 Pfeiffer Avenue, Kirksville, MO 63501 660-665-4612
Affiliated Center: **Preferred Family Healthcare, Inc.**, 900 LaHarpe, Kirksville, Mo 63501 660-665-1962. Counties served: Schuyler, Scotland, Clark, Adair, Knox, Lewis, Macon, Shelby, Marion

Area 15

Arthur Center, 321 West Promenade, Mexico, MO 65265; 573-582-1234
Affiliated Center: **Comprehensive Health Systems, Inc.**, Hwy 61& Rte HH, P.O. Box 468, Hannibal, Mo 63401, 573-248-1372. Counties served: Monroe, Ralls, Audrain, Pike, Montgomery, Callaway

Area 16

Crider Center, 1032 Crosswinds Ct., Wentzville, MO 63385; 636-332-8000 Counties served: Lincoln, Warren, Franklin, St. Charles

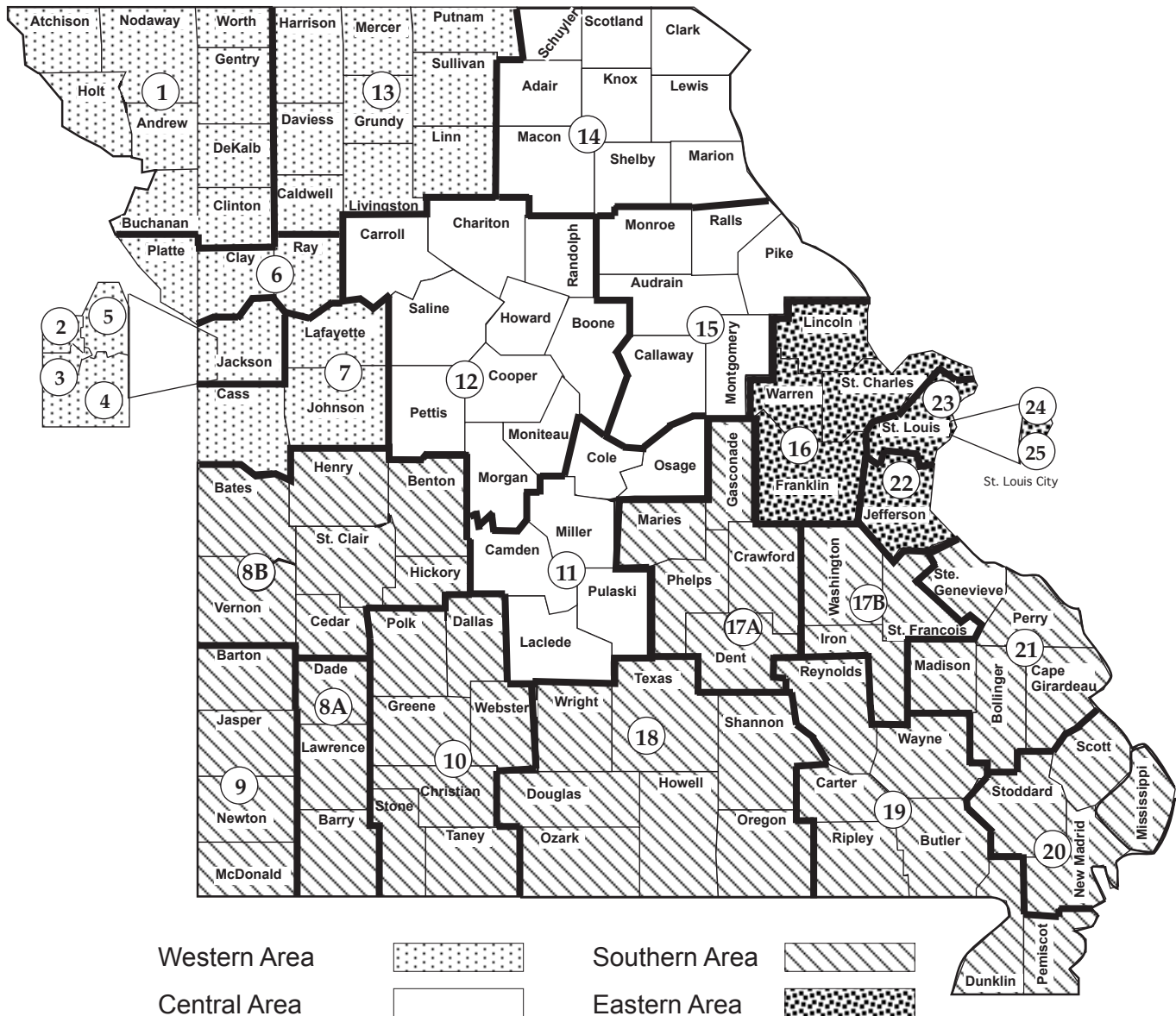
Area 17A

Pathways Community Behavioral Healthcare, 1441 Forum Drive, P.O. Box 921, Rolla, MO 65402; 573-364-7551
Affiliated Center: **Mineral Area CPRC**, P.O. Box

MISSOURI DEPARTMENT OF MENTAL HEALTH

Division of Comprehensive Psychiatric Services

CHILDREN'S Service Areas



12/07

Western Area Director

Bonnie Neal
 821 E. Admiral, P.O. Box 412558
 Kansas City, MO 64141
 816-889-3458
 Fax: 816-889-3325
bonnie.neal@dmh.mo.gov

Central Area Director

Beth Ewers-Strope
 1706 E. Elm St.
 Jefferson City, MO 65101
 573-751-8028
 Fax: 573-751-7815
beth.strope@dmh.mo.gov

Southern Area Director

Betty Turner
 1903 Northwood Dr., Ste. 4
 Poplar Bluff, MO 63901
 573-840-9275
 Fax: 573-840-9191
betty.turner@dmh.mo.gov

Eastern Area Director

Al Eason
 5400 Arsenal, Dome Building
 St. Louis, MO 63139
 314-877-3371
 Fax: 314-877-0392
al.eason@dmh.mo.gov

Division of Developmental Disabilities (DD)

OVERVIEW

The Division of Developmental Disabilities serves persons who have been diagnosed with mental retardation, cerebral palsy, epilepsy, head injury, autism, or a learning disability related to a brain dysfunction. These mental or physical impairments must be manifested before the age of 22, be likely to continue indefinitely, and result in substantial functional limitations. The Division's primary mission is to support persons with developmental disabilities through programs and services that enable those persons to live independently and productively, given their individual needs and capabilities. Services and supports the division funds or provides include case management, evaluation, habilitation, and rehabilitation services.

The Division provides case management services through eleven (11) regional offices around the state, and multiple county-based boards, funded with Senate Bill 40 dollars on a county basis. Additionally, the Division has contractual arrangements and oversight responsibilities with programs and facilities funded, licensed, or certified by the Department of Mental Health. In addition, the Division has six habilitation centers that primarily serve persons with complex developmental disabilities.

People of all ages who have developmental disabilities are eligible for Division services. Eligibility is determined by the Division's 11 regional offices, which evaluate an individual's situation in light of state law (Sec. 630.005, RSMo).

The cost of services is determined by a Standard Means Test (SMT), a tool used to determine if the individual or family (in the case of a minor child) is financially able to pay a portion of the costs. Charges are determined using a table that evaluates family size, income, and the type of service. However, many other resources, especially third-party payors, such as Medicaid and Medicare, also must be used to cover costs. DD services do not have co-payments, although some state plan services do have co-payments.

COMMUNITY-BASED SERVICES

The Division provides support services to individuals with developmental disabilities and their families designed to:

- encourage independence and active participation in planning and directing services and supports;
- provide support in meeting their most important needs;
- keep families together (for as long as the individual and family chooses);
- maximize limited resources; and
- help individuals and families connect with one another and with their communities to encourage their full participation in all aspects of home, school, work, and community life.

The division's philosophy is based on a set of principles that say, "Families are the most important support network for all people, including individuals with developmental disabilities. One of the best ways to support individuals with developmental disabilities is to support and empower their families – to work with them to identify their most important needs and find the most cost-effective way to meet those needs. At the same time, we must support and empower youth and adults with developmental disabilities to begin making their own decisions so they will be able to direct their own services and supports at the appropriate time in their lives."

The service system is a partnership of consumers, families, community members and organizations, the Division of DD, Senate Bill 40 Boards, DD contracted service providers, and advocacy entities. Through case management, and based on individual needs, persons are referred or linked to a variety of other services and supports administered by other state agencies. These agencies include but are not limited to, Division of Comprehensive Psychiatric Services, Mo Health Net Division, Family Support Division, Children's Services Division, Bureau of Special Health Care Needs, Division of Senior Services, and Division of Vocational Rehabilitation.

The Division contracts for a variety of services and supports for people with disabilities and their families. This array of services meets lifetime needs of people with disabilities. Examples of services include early childhood intervention, therapies, skill training, vocational training, recreational, and residential supports.

Specialized services necessary to meet an individual's needs, may be purchased by the Division within the limits of its appropriation. The Division often assists individuals in accessing other supports and services persons without disabilities also need that are available from other state and federal programs when the individual qualifies for those programs. This may include educational services, Medicaid and Medicare funded services, food stamps, or housing assistance. Emphasis is placed upon providing the service or support in a manner typical for the person's community, i.e., through generic rather than specialized providers when possible.

Of the 29,902 people receiving services through the Division, approximately 29,361 live in some type of community setting. They may live with their family, with relatives who receive family support services, or in their own homes, either alone or with one or two others who receive individualized supported living (ISL) services. Other types of community residential living arrangements include foster homes, group homes, residential care centers, and community-based ICF/MR. The Division receives approximately \$491 million for community programs (including Federal authority for Medicaid payments).

Regional Offices - Based in 11 principal sites and supported by numerous satellite locations, the regional offices are the entry point into the service system. Each office serves from three to 15 counties. Staffed by case managers and support personnel, the offices perform intake activities which help to determine if an individual is eligible for services. When a person is found eligible for services in accordance with state law and regulation, the individual and family, in partnership with the case manager, works to identify needed services or supports. These services and supports are documented in a person-centered plan that describes what is needed, how the service/support will be obtained, and the method by which the effectiveness of the service or support will be measured.

When developing and implementing person centered plans, the Division strives to meet an individual's needs in the most appropriate environment, typically in or near the individual's home. The 11 regional offices serve approximately 29,361 people annually with a total budget of approximately \$33.3 million.

Home and Community Based Waiver Programs and Services - The Division administers five Medicaid Home and Community-Based (HCBS) Waiver Programs for individuals with mental retardation or other developmental disabilities. The five waivers are the Comprehensive Waiver, Missouri Children with Developmental Disabilities Waiver (MOCDD or Sarah Jian Lopez Waiver), Community Support Waiver, Autism Waiver, and Partnership for Hope Waiver (Prevention Waiver).

Authority for the Division's waivers is the result of a special arrangement between the state and federal government that allows the state to use Medicaid funding for specialized services provided only to a target group of people who have intellectual and developmental disabilities and not to all people with Medicaid (in Missouri the state Medicaid authority is MO HealthNet). The Division uses general revenue funds it is appropriated to match federal dollars to pay for these waiver services. Services provided through these HCBS waivers, which are part of the Medicaid Program, are the primary funding source for services for individuals who are MO HealthNet eligible and are determined to require an institutional (ICF/MR) level of care.

Comprehensive Waiver - The Comprehensive Waiver began in FY 1989. This is the only waiver that provides residential services: residential habilitation and individualized supported living services. This waiver does not have an individual cap on the amount of service an individual may receive annually through the waiver. The person must meet ICF/MR level of care and must be at risk of needing ICF/MR services if waiver services are not provided. In addition, there must be a determination that the individual's needs cannot be met in the Community Support Waiver.

In FY 2009, the Division was approved to serve up to 7,775 people through the Comprehensive Waiver. The approximate average cost for persons in the Comprehensive Waiver for FY 2009 was \$53,743.

Although this waiver can provide residential supports services when they are necessary for a participant, not every participant accesses residential services. An estimated 24 percent of these participants live with their families and receive support services so they may continue to live at home; 39

percent of participants supported in individualized supported living; and another 37 percent supported in group home settings.

Sarah Jian Lopez Waiver - The Sarah Jian Lopez Waiver is a Medicaid model waiver administered by the Division since FY 1995. Medicaid guidelines require parental income and resources to be considered in determining a child's financial eligibility for Medicaid when the child lives in the home with the parents. This requirement, called deeming parental income to the child, is waived for children who participate in the Sarah Jian Lopez Waiver. The waiver provides participants eligibility for all State plan Medicaid services in addition to waiver services. To be eligible for this waiver, the child must: not be eligible for Medicaid under regular guidelines; be under the age of 18; live with their parents/family; meet financial guidelines; be determined to have permanent and total disability; be eligible for ICF/MR level of care; and be at risk of needing ICF/MR services if waiver services are not accessed.

No more than 200 children can be served in the Sarah Jian Lopez waiver at any one time. The average cost of waiver services per participant in FY 2009 was approximately \$9,789.

Community Support Waiver - The Community Support Waiver began in July 2003, for persons who have a place to live in the community, usually with family. However, the family is unable to provide all of the other services and supports the person requires, which may include 24-hour care or supervision, seven days a week. This waiver has an individual annual cap of \$22,000 on the total amount of services a person can receive. The person must meet ICF/MR level of care and must be at risk of needing ICF/MR services if waiver services are not provided.

In FY 2009, the Community Support Waiver was approved to serve up to 1,217 individuals at an approximate average cost of \$8,800.

Autism Waiver - The Autism Waiver began in July, 2009. A person eligible for the Autism Waiver must be at least three years of age and not more than 18 years of age and be living in the community with family. The child must have a diagnosis of Autism Spectrum Disorder as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association; pervasive developmental disorder, not otherwise specified; childhood disintegrative disorder; and Rett's Syndrome. Additional criteria for Autism Waiver eligibility include that the child experiences behavioral and/or social or communication deficits that require supervision which makes it difficult for the family to provide care in the home and interfere with the child participating in activities in the community. The child shall have been determined to meet ICF/MR level of care and have a determination by a Division Regional Office that the person's needs for Autism Waiver services can be met at an annual cost that will not exceed \$22,000.

The Autism Waiver includes one new service, Behavior Analysis Service, that is not already available in one or more of the other Division's HCBS Waivers. Behavior Analysis Service has three components: Senior Behavior Consultant, Behavior Intervention Specialist, and Functional Behavior Assessment.

In the Autism Waiver, no more than 150 persons can be served at any given time.

Partnership for Hope Waiver - The Partnership for Hope Waiver began October 1, 2010. This is a new county-based prevention waiver that is a result of a partnership of the Missouri Association for County Boards for Developmental Disability Services, the Division of Developmental Disabilities, and the MO HealthNet Division. Early research on best practices and the waiver development was supported by a grant from the Missouri Foundation for Health to the Missouri Association for County Boards for Developmental Disability Services. This waiver can serve adults and children and has an annual total waiver service cost limit per participant of \$12,000. Eligibility requirements for participants includes being eligible for Missouri Medicaid, meeting eligibility criteria for Division of DD services, participants needs can be met with current community support system and waiver services not to exceed an annual cost of \$12,000, participant meets ICF/MR Level of Care, participant resides in a participating county, and participant meets crisis or priority criteria.

The Partnership for Hope Waiver includes four new services: Personal Electronic Safety Device, Professional Assessment and monitoring, Dental, Temporary Residential, and Career Preparation services. The Partnership for Hope Waiver can serve no more than 399 individuals at any given time. There are currently 37 counties participating in this waiver.

What services are available through the DD Waivers?

Comprehensive Waiver	Community Support Waiver	MOCDD Waiver	Autism Waiver	Partnership for Hope Waiver
Personal Assistant	Personal Assistant	Personal Assistant	Personal Assistant	Personal Assistant
Respite Care	Respite Care	Respite Care	Respite Care	Temporary Residential
Transportation	Transportation	Transportation	Transportation	Transportation
Environmental Accessibility Adaptations	Environmental Accessibility Adaptations	Environmental Accessibility Adaptations	Environmental Accessibility Adaptations	Environmental Accessibility Adaptations
Specialized Medical Equipment and Supplies	Specialized Medical Equipment and Supplies	Specialized Medical Equipment and Supplies	Specialized Medical Equipment and Supplies	Specialized Medical Equipment and Supplies
Support Broker	Support Broker	Support Broker	Support Broker	Support Broker
Day Habilitation	Day Habilitation	Day Habilitation		Day Habilitation
Community Specialist	Community Specialist	Community Specialist		Community Specialist
Crisis Intervention	Crisis Intervention	Crisis Intervention		
Behavior Therapy	Behavior Therapy	Behavior Therapy		Behavior Therapy
Communication Skills Instruction	Communication Skills Instruction			
Counseling	Counseling			
Physical Therapy	Physical Therapy			Physical Therapy
Occupational Therapy	Occupational Therapy			Occupational Therapy
Speech Therapy	Speech Therapy			Speech Therapy
Supported Employment	Supported Employment			Supported Employment
Residential Habilitation				
Individualized Supported Living				
			Behavior Analysis Service	Behavior Analysis Services
				Temporary Residential
				Career Preparation
				Dental
				Professional Assessment and Monitoring
				Personal Electronic Safety Device

Choices for Families - When families maintain members with disabilities at home, they are often confronted with challenges related to the disabilities and the resulting physical/behavioral components. These families face increased and long-term financial responsibilities; the lack of service/support providers in reasonable proximity to their homes; or the lack of knowledge, expertise, and physical capabilities to meet the treatment needs their family member requires.

Choices for Families provides funding to help meet the needs of family members with disabilities who live at home. The program works in two ways: Families pay for items and services and then submit receipts for reimbursement to their regional offices, or the families obtain vouchers from the regional offices to obtain items or services from vendors who then submit the voucher to the regional office for payment. In either case, the families choose their own providers and dictate the manner in which the services will be provided to meet their particular needs. Choices for Families can be used for many family support

services for which there may not be a suitable contracted provider.

Missouri Commission on Autism Spectrum Disorders - The Missouri Commission on Autism Spectrum Disorders was established within the Department of Mental Health on June 23, 2008, with the signing into law of Senate Bill 768.

The Commission on Autism Spectrum Disorders is composed of 24 members, including four members of the state's general assembly and seven ex officio representatives from various state departments. The 13 remaining members are appointed by the governor with the advice and consent of the Senate and must include two parents of people who have autism; two persons who have an autism spectrum disorder; and providers from the educational, therapeutic, and healthcare fields.

The Commission as set forth in RSMo 633.200 is charged with developing a comprehensive statewide plan for an integrated system of training, treatment, and services for individuals of all ages with autism spectrum disorders.

Office of Autism Services - The Office of Autism Services (OAS) was established within the Division of Developmental Disabilities (DD) on June 23, 2008, with the signing into law of Senate Bill 768. The OAS provides leadership in program development for children and adults with autism spectrum disorders, establishment of program standards and coordination of program capacity.

As specified in RSMo 633.210, the OAS provides technical and administrative support to the 24-member Commission on Autism Spectrum Disorders.

STATE- OPERATED SERVICES

Habilitation Centers - The primary mission of the Division's six habilitation centers is to provide residential services, direct care support, and treatment services to people who cannot be supported in other residential settings in the community. Each resident of the habilitation center has an individual plan that identifies services and supports needed to live successfully in the habilitation center or to return to the community.

The Division operates Southeast Missouri Residential Services in Poplar Bluff and Sikeston; Bellefontaine Habilitation Center and St. Louis Developmental Disabilities Treatment Centers, both in St. Louis; and habilitation centers in Nevada, Higginsville, and Marshall. These facilities are certified as intermediate care facilities for persons with mental retardation (ICF/MR) and collect federal Medicaid matching funds. The six habilitation centers are receiving approximately \$91.6 million in FY 2011. In FY 2010, habilitation centers served 695 individuals on campus and 147 individuals in state-operated waiver community settings.

EXPANSION OF LOCAL CASE MANAGEMENT SERVICES

The past few years have brought about unprecedented cooperation between Senate Bill 40 boards (SB40) and the Division. Because most SB40 County Boards provide or procure services for Division-eligible consumers, many of the boards have entered into contracts with DMH. These contracts allow:

- The boards and division to plan together to avoid duplication of programs;
- The use of SB40 funds as match to expand both residential and other types of priority services within counties, thereby helping to reduce waiting lists for Division services at a time when state resources are extremely limited; and
- Division has established local targeted case management services in 57 counties and is working with another 16 counties to expand local TCM services.

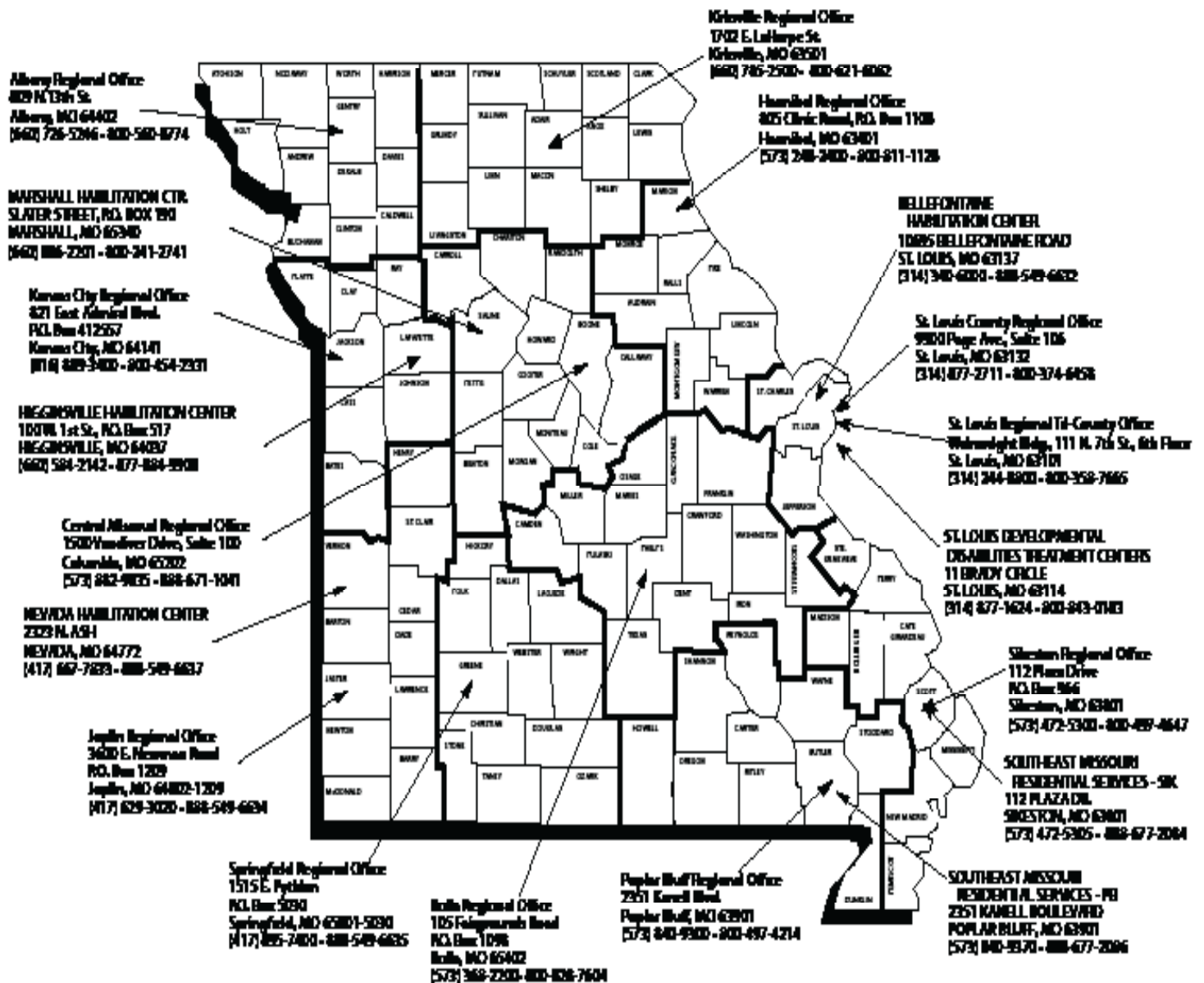
MISSOURI PLANNING COUNCIL FOR DEVELOP- MENTAL DISABILITIES

The Division receives federal developmental disabilities funds to enhance the planning for coordination and delivery of services to the state's citizens with developmental disabilities. The funds are administered by the Division and used to support the activities of the Missouri Planning Council for Developmental Disabilities, a 22-member volunteer council appointed by the Governor. The Missouri Planning Council strives to create new realities, identifies research issues, and tries new and innovative ways to generate change in the service system.

The Missouri Planning Council's plan provides for

- Regional and statewide needs assessment, planning, and advocacy;
- Conducting/establishing model demonstration projects and effecting systems change;
- Increasing the level of local funding for program supports; and
- Educating policymakers through advocacy for systems change.

Division of Developmental Disabilities REGIONAL OFFICES AND HABILITATION CENTERS



08/18



Missouri Department of Mental Health
1706 East Elm St., P.O. Box 687
Jefferson City, MO 65102
573-751-4122 or 1-800-364-9687
573-526-1201 TT • 573-751-8224 Fax

www.dmh.mo.gov

The Department of Mental Health does not deny employment or services because of race, sex, creed, marital status, religion, national origin, disability or age of applicants or employees.